

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**27273**

**1. PLACE OF DEATH**

County Pettis

Registration District No. 668

Township Sulalia

Primary Registration District No. 3032

City Sulalia (No. 1010 E 7th)

File No. \_\_\_\_\_

Registered No. 193

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1010 E 7th St., Ward. 7

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE Mary E. Steger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1863

7. AGE YEARS 69 MONTHS 11 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Wade M. Steger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent Penn

15. MAIDEN NAME Catherine Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs. W. Steger Sulalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 8/7/33 19. 19

19. UNDERTAKER (ADDRESS) Liguette Funeral Home Sulalia Mo

20. FILED Aug 7 1933 Jean Slack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to Aug 5th 1933

Last saw him alive on Aug 5th 1933 Death is said

to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of Esophagus

Other contributory causes of importance:

None

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? X Ray, Findings no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J. B. Carline, M. D.

(Address) 314 Ohio - Adalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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